Your Anthem Benefits

Anthem
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STATE OF INDIANA
Blue Preferred® Primary (HMO)
Summary of Benefits, Effective January 1, 2003

COVERED BENEFITS	PCP-REFER (MEMBER'S RESPONSIBILITY)
Out-of-Pocket Maximum (Single/Family)	$1,000/$2,000
Office Visit • Including Allergy – testing and treatment – serum and injections[1]	$5 Per Visit
Preventive Care	$5 Per Visit. Included with no age or dollar limits; no Self-refer benefits apply*. Preventive care includes: medical history, mammograms[1], pelvic exams and Pap tests, immunizations[1], routine and annual diabetic eye exams and hearing exams.
Maternity Services	Covered in full
Inpatient Services	Covered in full Per Admission
Outpatient Facility Services	Covered in full
Professional/Ancillary/Home Care (Inpatient/Outpatient)	Covered in full
Emergency and Urgent Care:	
Emergency Care in ER Room *(covers all services, waived if admitted)*	$10 per visit
Urgent Care Facility	$10 per visit
Hospice/Ambulance	Covered in full
Medical Supplies, Equipment and Appliances	Covered in full
Outpatient Therapy Visit Limits **Physical/Occupational** **Spinal Manipulation** **Speech**	No limits
Mental Health[2]	Covered in full. Subject to same copays and maximums.
Substance Abuse[2] (Substance abuse rehabilitation programs are limited to two per lifetime.)	
Inpatient: 20 PCP-refer days	Copayment based on place of service
Outpatient: 30 PCP-refer visits	Copayment same as office visit
Lifetime Maximum	$5 million (Excluding human organ and tissue transplants)
Human Organ and Tissue Transplants[3]	Covered in full PCP-refer
Prescription Drug Options:	**Network**
Network Retail Pharmacies: (30-day supply)	$5 Formulary generic and generic birth control/$10 Formulary brand $15 Non-formulary generic/$20 Non-formulary brand
Anthem Rx Direct Mail Service: (90-day supply)	$10 Formulary generic and generic birth control/$20 Formulary brand $20 Non-formulary generic/$30 Non-formulary brand

**Self-refer services are covered only with authorization by the Plan, except in medical emergencies.*

Notes:

- *Dependent age: to the end of the calendar year of the child's 19th birthday, or, if the child is a full time student at an accredited educational institution, the end of the calendar year of the child's 23rd birthday.*
- *Certain diabetic and asthmatic supplies are covered in full at network pharmacies.*

[3] *Human organ and tissue transplants (except kidney and cornea) are covered in full PCP-Refer. Subject to a separate $1 million lifetime maximum. Kidney and cornea are covered same as any other illness and subject to the medical lifetime maximum.*

This benefit description is intended to be a brief outline of coverage. The entire provisions of benefits and exclusions are contained in the Group Contract, Certificate and Schedule of Benefits. In the event of a conflict between the Group Contract and this description, the terms of the Group Contract will prevail.